SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND DEP. :0 --1-25 J:8 1-5 / ô TAL TOTAL AL TOTAL DEP. AL IMS STATE OF ··1360 (3-78) MAY BE LED FOR ADDITIONAL CLAIMS OF AMENDMENTS U.S. DEPARTMENT . COMMERCE